DOCUMENT RESUME

ED 185 743 EC 123 644

TITLE Scripts for Individualized Assessment in Special Education [and] Mental Health and You, or... Organizing Data for the IEP Report.
INSTITUTION National Association of State Directors of Special Education, Washington, D.C.
PUB DATE [79]
NOTE 19p.
AVAILABLE FROM National Association of State Directors of Special Education, 1201 16th St., N.W., Washington, DC ($40.00 per slide tape, includes script)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Compliance (Legal); *Disabilities; *Educational Diagnosis; Elementary Secondary Education; *Federal Legislation; Student Evaluation
IDENTIFIERS Individualized Education Programs

ABSTRACT

Designed for use as a media resource for trainers or as self study modules, the text of two slide/tape presentations on writing special education individualized assessment reports is presented. The first module discusses the federal requirements for conducting assessments in special education. The second module is a humorous presentation which relates the functions of assessment in special education to individualized educational plan development and provides a rationale for the writing of synthesized, comprehensive assessment reports. Instructions for both automated and manual presentation of the materials are provided. (PHR)

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Scripts For

- Individualized Assessment in Special Education
- Mental Health and You, or ...
  Organizing Data for the IEP Report

National Association of State Directors of Special Education
1201 16th St., N.W.
Washington, D.C.

EC123644

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The two slide/tape presentations contained in this document were designed to accompany the NASDSE resource manual, Writing Individualized Assessment Reports in Special Education. They may be used as a media resource for trainers or as self-study modules.

The slide/tape presentations include:

- Conducting Individualized Assessments in Special Education - 7 minutes

  This presentation covers the federal requirements for conducting assessments in special education.

- Mental Health and the IEP - 8 minutes

  A humorous presentation which relates the functions of assessment in special education to IEP development and provides a rationale for the writing of synthesized, comprehensive assessment reports.

Automated Presentation

The cassette tapes include an inaudible synchronizing pulse (1000 Hz) for use in automated presentation. If automatic equipment is used, the first slide should be focused on the screen. The synchronized cassette player is then turned on. Slides will change automatically.

Manual Presentation

If automatic equipment is not available, any slide projector and cassette player may be used. The script for each presentation is organized so that slide changes are indicated by numbers in the margin. The first slide should be focused on the screen. The user simply follows the script while playing the cassette tape. The slide projector should be advanced to the slide which corresponds to the script as marked.

Individualized Assessments in Special Education

INDIVIDUALIZED ASSESSMENTS IN SPECIAL EDUCATION

VISUALS	NARRATIVE
#1 - Title Slide	
#2 - Child being tested on paper-pencil test	Narrator: To insure that every handicapped child receives an appropriate education, Public Law 94-142 and its implementation regulations require a complete and thorough evaluation prior to the development of that child's individualized education program.
#3	Man's Voice: Who is responsible for evaluating my child?
#4 - Child taking motor control test	Narrator: Each state must see to it that all handicapped children throughout the state are both located and evaluated. The state must file an annual program plan with the Office of Education explaining how it will accomplish this task.
#5 - Organization chart showing relation between SEA & LEAs	Narrator: The state must also file an annual statement on its progress in implementing this feature of the law, but the actual child find and evaluation programs are to be conducted by local or intermediate education agencies, and monitored by the state.

#6 - Photo of woman talking to first grade teacher

Woman's Voice: My child's first grade teacher told me she thought Larry might have a hearing impairment, and might need a special program. Will the school go ahead and test him?

Narrator: Only with your consent. The public agency conducting the pre-placement evaluation

#7

must provide you with a written notice, in your native language, explaining the need for the evaluation and describing the evaluation procedures and methods. Your rights as a parent must also be explained to you. Your consent is voluntary, and you have the right to request an independent evaluation.

#8

Man's Voice: Does the agency have to do anything else except inform me of what it's going to do?

Narrator: Yes. The agency must be able to provide evidence that parents

#9 - Advised on Procedures

have been advised on all procedures...

#10 - Advised on Rights

on their rights...

#11 - Parents Understand Content of Notice

have understood what the notice says...

#12 - Parent Consent Obtained

and have given voluntary consent to the evaluation.

#13 - Close-up of notice in Indian language

Also, if English is not the native language of the parents, or if they cannot communicate through written language, the agency must provide alternative means to inform them and gain their consent.

#14 - Photo - close-up of hand making check mark against words "Placement Denied"

Female Voice: What if I request an evaluation and the public school refuses?

Narrator: First, federal regulations require the local education agency to state its refusal in writing,

#15 - Letter

and you must be informed of your rights to an appeal through a due process hearing. If you desire such a hearing, the local education agency must set it up.

#16 - Female hand writing check out

Female Voice: How much will an evaluation cost me?

#17 - Hands tearing up check

Narrator: Nothing. The public agency may not charge for an evaluation of their child.

#18 - Photo - evaluation team around table

Man's Voice: Who does the evaluating?

Narrator: An interdisciplinary team that must include at least one teacher or specialist familiar with the type of handicap suspected.

#19 - Child being given test

Man's Voice: What kind of measures should the team use? How many tests need to be given?

Narrator: No more and no less than those which give a true picture of the child's educational status. If, for example, the child is suspected of having a speech impairment,

#20

the child should be assessed through methods and instruments that bear directly on that handicapping condition and the problems associated with it.

Woman's Voice: Do tests provide all the information used in the evaluation?

#21 - Records

Narrator: No. A variety of information sources should be used, including various kinds of tests, parent and teacher observations, school records, medical reports, psychological interviews, and anything else that can shed light on the child's problem.

#22 - Downs child

Assessment should be comprehensive, and no placement decision should ever be made simply on the basis of one single instrument, test or otherwise.

#23 - Man with child

Man's Voice: A general IQ test, then, wouldn't be sufficient as a basis for placement, even for, say, a mentally retarded child?

#24 - Photo of Downs child taking hearing test

Narrator: No. Federal regulations state that tests used should measure specific problem areas, and should not simply be measurements of general intelligence.

Woman's Voice: Do federal regulations specify what tests may be used?

#25 - Close up of tester and child

Narrator: Yes, but not by the specific name of the test. Any instrument that has been proven accurate in measuring the specific conditions being evaluated may be used. The assessment must be administered by trained personnel in accordance with the instructions given by the instrument's developer.

#26 - Photo - child being tested

Tests that obviously discriminate against the child, that is, which may penalize the child who has sensory, motor, or communications difficulties, should not be used, or should be adapted.

#27

For example, a child with poor fine motor control might be expected to do poorly on a paper-and-pencil test. The same child might do well on a similar test administered orally.

#28 - Photo - Indian child being tested

Similarly, a child's cultural and racial background must be taken into account as factors that might bias test results. Federal regulations prohibit such discrimination in testing.

#29 - Woman with handicapped child

Woman's Voice: What happens if I disagree with the school's evaluation and request an independent assessment? You did say I was allowed to do that, didn't you?

#30 - Photo - Woman with principal

Narrator: Yes. If you desire an independent evaluation, it must be provided at public expense. But, the school may initiate a due process hearing to demonstrate that it's evaluation is appropriate.

Woman's Voice: What happens then?

#31

Narrator: The hearing officer may then grant or refuse an independent evaluation. If the hearing officer rules in favor of the school, the parents can still get an independent evaluation, but at their own expense.

#32

Man's Voice: Is the pre-placement assessment the only time the child is evaluated?

#33

Narrator: No. The child must be reevaluated at least every three years. In the intervening time, parents or the child's teacher can request an evaluation at any time. Of course, continuous

monitoring of the child's educational progress is written into his or her individualized education program.

#34 - Photo - handicapped child

These evaluation safeguards:

- informed parents
- due process rights
- appropriate assessment, and
- non-discriminatory testing

as set forth in federal regulations, comprise one element of a broad educational program which guarantees every handicapped child a free, appropriate public education.

#35 - NASDSE

Mental Health and You, or ...
Organizing Data for the IEP Report

#1 MENTAL HEALTH AND YOU, OR...

ORGANIZING DATA FOR THE IEP REPORT

#2 FEMALE: Come right in, Mr. Stafford, and how are things going down at the Special Education office?

#3 MALE: ...the weighted percentages in Column Four of the EFFLCM Test Form correspond to the statistical analysis of the SLAM test and are indicative of the severity of disorder elucidated above.

#4 FEMALE: Oh, so you're still working on that committee writing individual education programs for handicapped children, are you?

#5 MALE: ...any category rated from 33 percent to 47 percent would indicate a need for further testing when all other rows do not have rating in excess of plus or minus one standard deviation...

#6 FEMALE: Oh, you poor, poor man. Just sit right down here on the couch and we'll start today's session. First, let's try to get in touch with our feelings.

#7 MALE: I hate it!!! I hate it!!!

#8 FEMALE: Ah. we're progressing right along now. What do you hate, Mr. Stafford, your superintendent?

#9 MALE: Oh, no, no. I hate putting together individual education programs.

#10 FEMALE: I hear what you're saying, Mr. Stafford, but I need more of a Gestalt. Can you get more specific? What in particular is there about doing an individualized education program that you hate?

#11 MALE: I hate taking all that assessment data--the test scores, the observation data, the case histories, the records,

#12 that whole mass of information--from teachers and parents and psychologists, and audiologists and physicians and speech pathologists and...and whoever else all those bits and pieces of data and trying to use them in making an intelligent decision.

#13 I never seem to be able to get a whole picture of a child from all that stuff, and I can't take much more, I tell you! I think I'm going insane, you hear insane!!!

#14 FEMALE: Mr. Stafford, Mr. Stafford, Mr. Stafford, don't talk that!! Say "mentally ill" or "bananas" but not "insane". "Insane" is a non-medical term we just don't use here.

#15 MALE: Oh please, doctor, is there nothing you can do to help me?

#16 FEMALE: As Sigmund Freud once said, "If I can't do anything to help, how can I justify charging $100 an hour?" Of course, I can help. Mr. Stafford, it sounds to me like you're suffering from a classic case of

#17 VOICE: INFORMATION OVERLOAD!

MALE: Oh, no, not that!

#18 FEMALE: Yes. But have no fear, the doctor's here. We've made great strides over the past few years and have come up with a cure for your condition. What you need is a process that not only gathers data about a referred child but also presents that data as a cogent and coherent whole.

MALE: Come again.

#19 FEMALE: A system, Mr. Stafford, a system for organizing and presenting data so that it will be more understandable and, therefore, more useful to program writers like you.

MALE: Oh, doctor, what must I do?

#20 FEMALE: First of all approach assessment systematically, providing each person who has participated in the assessment process with a checklist to follow when reporting their data. Checklists should incorporate standards, such as these:

#21 VOICE: Information should be based on results of assessment.

#22 Information should be written in understandable language that communicates to all of those concerned with future programming decisions.

#23 Information should relate to either eligibility or IEP decisions.

#24 Information should be written in descriptive, data based language.

#25 Information should not be prescriptive.

#26 FEMALE: All of the assessment information must then be assembled. Individual reports should be compiled and the data should be organized into a matrix.

#27 MALE: Matrix? That sounds so mathematical and even more complex than the way we're already doing it.

#28 FEMALE: Oh, no, no, no, no. This will assist in breaking down data into three categories:

#29 First, that which deals with the child's general physical functioning and impairments rooted in physical problems like hearing and vision...

#30 Second, the child's intellectual and cognitive performance...

#31 and third, the child's affective and behavioral functioning, such as psychological, attitudinal, and social factors that affect his or her total makeup. Organizing information into these categories will

#32 yield a matrix that can help shape the overall picture to show where the child stands right now. The matrix will allow the decision makers to see how the various areas of assessment are related to each other and affect each other.

MALE: Sounds good so far. What next?

#33 FEMALE: Next, the assessment team will use the matrix to synthesize its data and jointly write a final comprehensive report summarizing their findings. Again, they will follow the same set of guidelines or standards for organizing the final report that they used in compiling individual assessment data.

#34 They will be concise, and comprehensive in their final report, eliminating redundancies...

#35 They will write it in understandable language, eliminate educational and psychological jargon and define any unfamiliar terms...

#36 They will identify patterns of behavior, citing relevant examples and they will highlight strengths and weaknesses.

#37 Throughout, they will use behaviorial descriptions as much as possible. This report will give the IEP committee a summary of the child's present level of functioning according to the results of formal assessment.

#38 MALE: Hey, that will solve alot of problems for us. For one thing, it should give us all the details we need to work up an individualized educational program without having to wade through alot of unnecessary papers on assessment procedures and that kind of stuff.

#39 FEMALE: That's right. And the report will be in a form that everyone on the IEP committee, no matter what their degree of expertise, can understand and appreciate.

#40 MALE: I can see where one clear, comprehensive organized assessment report in place of the detailed reports we've been getting so far on each child will not only be of great benefit to us but will also help that child tremendously, too.

FEMALE: How's that, Mr. Stafford?

MALE: Well, through one overall assessment report the child can be presented to

#41 the IEP committee as a whole human being rather than as a dissected specimen. We will still be seeing the child through the eyes of psychologists, audiologists, teachers, and other evaluators, but now we'll be seeing the child as one, whole person.

#42 FEMALE: And that should strengthen your instructional planning. A series of uncoordinated reports could well lead to a disjointed program for the child.

#43 A single, well-organized assessment report should lead to a single, well-organized program for the child.

#44 MALE: Oh, doctor, I feel so much better now. I feel as though a great load has been lifted from my back. I can never thank you enough.

FEMALE: That's what I'm here for, Mr. Stafford.

#45 MALE: As a matter of fact, I feel so much better, I think I'm ready to leave therapy now.

#46 FEMALE: Now, now, Mr. Stafford. One breakthrough doesn't make for a complete cure. By the way, how's your Special Education budget coming along?

#47 MALE: See you next week, doctor.

FEMALE: Bye, Mr. Stafford.

#48 NASDSE